UK Health Security Agency

HCAI Data Capture System Stakeholder Engagement Forum: 19th July 2022

Attendees:

Name	Title	Organisation
Olisaeloka Nsonwu	Principal Scientist (epidemiology) - HCAI Surveillance team	UK Health Security Agency
Sarah Gerver	Section Lead for AMRP/Lead Epidemiology	UK Health Security Agency
Sobia Wasti	Senior Scientist (Epidemiology) - HCAI Surveillance team	UK Health Security Agency
Edgar Wellington	Senior Information Manager	UK Health Security Agency
Lababa Hasan	Information Officer - HCAI Surveillance team	UK Health Security Agency
Ros Montgomery	Infection Prevention & Control Scientist	Nottingham University Hospitals
Lydia Hodson	Audit & Surveillance Nurse Specialist	Royal Devon University Healthcare NHS Foundation Trust
Yvette Reece	Business Manager	Leeds Teaching Hospitals NHS Trust
Martin Wells	Information Officer	Leeds Teaching Hospitals
Melanie Thornton	Advanced Nurse Specialist Audit & surveillance Infection Prevention & control	Royal Devon and Exeter NHS Foundation Trust
Graham Verbrugge	Information Officer - Infection Prevention & Control	Norfolk and Norwich University Hospital
Christine Pinkard	National Programme Analyst (Antimicrobial Resistance), Analytical Lead (Prevention) Medical Directorate	NHS England and NHS Improvement
Farah Shah	IPC Data Officer	NHS England and Improvement

Dola Adesanya	Infection Prevention and Control Nurse	The Royal Orthopaedic Hospital NHS Foundation Trust
Alex Simmons	IPC Administrator & HCAI Surveillance Lead	Hertfordshire and West Essex ICB
Chris Gover	Infection Prevention & Control Nurse	Dorset County Hospital NHS Foundation Trust
Ali Wilson	Senior Analyst Performance & Intelligence | Performance & Risk Finance Directorate	Cumbria County Council
Idil Osman	IPC Nurse	Herts and West Essex ICS
Pietro Coen	Epidemiology lead	UCLH NHS Trust
Bethany Woolley	Infection Prevention and Control Nurse	Sirona Care and Health CIC
Antony Shannon	System Infection Prevention & Control Lead	Integrated Care System for Devon (ICSD)
Marjorie Gunzvenzve	Infection Prevention and Control Nurse	NHS Somerset CCG
Debbie Calver	Infection Prevention & Control Nurse Specialist	NHS South West London South West London Integrated Care System
Sarah Wheatley	Head of Service IPC	North Bristol NHS Trust
Lucy Cottle	Consultant Microbiologist/Clinical Lead)	Dorset County Hospital NHS Foundation Trust

1.1 Welcome and Introduction

- **Olisaeloka Nsonwu (ON) -** This session of the Stakeholder Engagement Forum is to seek feedback on the mandatory surveillance of bacteraemia and *C. difficile* infection, making sure that we are meeting user needs for data analysis and for entering the cases, as well as looking for ways to improve the system for the users.

2.1 HCAI DCS updates and issues

2.1.1 On-boarding Integrated care boards

- **ON** discussed the onboarding of the Integrated Care Boards in the opening of the meeting.
- **ON** stated CCGs have transitioned over to ICBs and seize to exist as statutory entity. The method by which UKHSA would integrate ICBs into the overall HCAI Surveillance was then further explained. The codes and the ability to view cases by CCGs will be supported until April 2023.
- **ON** advised that the impact of the change on CCGs will simply be a change to the organisation names to reflect their new status as ICB Sub Locations. Therefore, STPs will be updated to ICBs and CCGs to sub ICB locations. NHS Digital has moved forward with it in this manner, and UKHSA is follow their lead in that regard.

- **ON** advised that in terms of reporting, we intend to include this modification in all HCAI reports that contains the data up till July 2022.
- **Debbie Calver** from South West London questioned if the HCAI reports will remain the same until August and then change in August? **ON** responded that the reports will remain unchanged until August. He said that the first report to include this modification would be the HCAI monthly report so the change will likely to either be reflected in August or September.

2.1.2 CCG boundary changes

- **ON** stated that CCG boundary changes affect the cases historically on the Data Capture System.
- **Christine Pinkard** from NHS England and Improvement inquired into the historical time periods for these new geographies and if UKHSA intend to occasionally publish something to help users look at the comparable trends for the new ICB geographies? **ON** answered that switching to the new structure would essentially be the same. Reports with columns like CCGs or STPs, for instance, will have their names updated to sub-ICB locations or ICBs. UKHSA is aiming to make this correction retrospectively and currently we can only make it up to 2016. Work has already begun on this to enable us to make the change in time for the publishing, which is anticipated to be in August or September. **ON** advised that the work is currently being validated for cases up to 2016 to be implemented. This change will be affecting hundreds of cases and the affected CCGs will notice a change to their numbers. UKHSA will be in contact with the CCGs to explain the process to them and to ensure that they are comfortable with the change and what it means.
- **Christine Pinkard** inquired as to UKHSA's plans for sharing the data going back to 2016 once everything had been agreed by the relevant CCG. **ON** responded that UKHSA will implement the change at the patient level on the Data Capture System. Therefore, the data behind the Data Capture System (DCS) will be updated and once that is actioned, every other higher level organisation will be updated. **ON** advised that anyone who could access the Data Capture System (DCS) in the past would also be able to access the change. For example, if users will run a report once the changes have been implemented, the data will be updated according to the new boundaries.

2.1.3 Pennine Acute Hospitals NHS Trust demerger/acquisition

- **ON** provided an update on the demerger that involves Salford Royal NHS Foundation Trust (now known as the Northern Care Alliance NHS Foundation Trust) and Manchester University NHS Foundation Trust and confirmed that it has been implemented. **ON** advised that it took a while to be actioned primarily because the Data Capture System (DCS) needed to undergo several upgrades to enable case splitting cases from Pennine Acute Trusts at the patient level between the NCA and MFT. **ON** stated that demergers do not occur frequently. The previous demerger happened before the use of the new system was in place. So, when a need arose for it last year, it was something that needed to be included into the Data Capture System (DCS). **ON** confirmed that the final issue that needs to be actioned is how UKHSA will handle the aggregate data. UKHSA have been in contact with the trust throughout the entire process. To validate this, UKHSA will get in touch with the trust once more to discuss how we achieve and implement it on the system. In a nutshell, the aggregate sample data provided by Pennine Acute Trust prior to the demerger will be split between Manchester University NHS Foundation Trust and Northern Care Alliance NHS Foundation Trust.

2.1.4 Royal Devon University Healthcare NHS Foundation Trust merger

- **ON** provided an update on the merger between Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust. UKHSA were not able to complete this last month as anticipated due to some technical issues. However, UKHSA have been in touch with the two trusts and informed them of the new date for the merger. **ON** stated that so far, everything seems to be going as planned but we will inform the relevant trusts if there are any issues. The procedure is quite simple as the mergers are more frequent than the demergers and UKHSA has implemented them a few times and it should be seamless.

2.1.5 Inclusion criteria for prior trust exposure algorithm

- **ON** discussed the inclusion criteria for the prior trust exposure algorithm for CDI and GNBSI cases on the Data Capture System (DCS). **ON** informed the attendees that UKHSA has seen some discrepancy across trusts and how this is collected differs by the trust. Upon investigating this issue by getting in touch with various trusts where this discrepancy was observed, it was determined that some trusts do not report the previous admission if it was a day admission while others do. Some trusts do and do not depending on the specialty where the admission occurred. **ON** then provided an example of Oncology which is not reported by some trusts. **ON** stated that this has come to UKHSA's attention in part because UKHSA is working on a separate project to set up a data pipeline from the Hospital Episode Statistic (HES), which contains the Admitted Patient Care (APC) datasets, with the goal of using the data to populate the prior discharge information and lessen the reporting burden on NHS Trust. The process of implementing this algorithm and the instructions provided in the mandatory surveillance protocol does not always match the information that has been submitted to the Data Capture System (DCS). There is an additional validation step after that, and UKHSA discovered that not all trusts report day patients or the prior admission if the patient was in from the Oncology specialty for example. **ON** presented the group with an open-ended question, firstly, if anyone feels that the inclusion criteria is ambiguous? and secondly, what the group thinks about the inclusion criteria itself?.

- Users from various trusts offered their opinions on how they record information about prior trust exposure on the Data Capture System (DCS). Attendees requested **ON** to go over the inclusion criteria with them once more to help them understand the right procedure to follow. In brief, **ON** clarified that prior trust exposure on the Data Capture System (DCS) includes any discharge from a previous admission, regardless of length of stay or location (in the sense of specialty). **ON** stated that each trust defines things differently, and that is captured in the inclusion criteria. In essence, the word 'admission' is what varies depending on trust. The advice therefore states that according to your local systems, if there's an admission, it should be counted regardless of how recent the admission is or where it took place. Thus, regular attendance and even day patients are included. After more debate, it was agreed that the offered guideline is vague and open to interpretation, which causes trusts to report data differently on the Data Capture System (DCS). **ON** informed the attendees that he would relay their comments to the team and see what might be done to clarify the guidance for all the users for the Data Capture System (DCS).

2.1.6 HCAI DCS training

- **ON** discussed about the HCAI DCS training with the attendees. **ON** stated that users have provided feedback and insightful comments, indicating that they would want some sort of training on how to use the Data Capture System (DCS). **ON** inquired if most of the group members believe that this will be useful. If so, what type of training they believe will be most beneficial i.e., one-on-one training or the creation of short training

videos of various system components. Each of them would utilise a different amount of resources, but UKHSA are looking to see what would be most beneficial for the group as a whole.

- **Anthony Shannon** from Integrated Care Systems Devon proposed having brief webcasts that demonstrated how to submit information so that the users would not make errors while entering data into the Data Capture System (DCS).
- **Lydia Hodson** from Royal Devon University Healthcare NHS Foundation Trust expressed her appreciation for the CPE drop-in sessions and inquired about the possibility of scheduling the same for the Mandatory Surveillance Data Capture System (DCS).
- **ON** also questioned the attendees on the usefulness of user guides. Noting that some of them go into great length in describing how to carry out most tasks. Are the user guides being used by the group and how to they feel about them? The group agreed that the user guides on the DCS were highly useful to them.

3.1 HCAI surveillance update

3.1.1 Summary update on HCAI trend:

- **ON** indicated that there has been notable rise in CDI infections, particularly in hospital onset cases over the past few months. UKHSA have observed a steady increase that has occurred in several different places across all regions, to varying degrees in various regions and Southwest stands out among them. Since it is happening everywhere, UKHSA is looking into a little more as it is happening everywhere. Therefore, there is no particular evident cause for this rise. However, one of the things we are researching and examining is whether there is at least some correlation between changing prescribing practises. There has been a general increase in the prescription of fluoroquinolones, which studies have proven to be linked increases in CDI cases in the past. So, as fluoroquinolone use declines, CDI from prescriptions also declines. Since antibiotic prescription rates have been rising for some time, UKHSA are looking into this to at least determine whether there may be a connection, because it appears to have started around the same time. MSSA has a persistent upward trend that is getting stronger. **ON** confirmed that some of these infections reduced during the height of COVID-19. However, *E. coli* and MSSA, appear to be returning to pre-pandemic levels but not quite there yet.

3.1.2 Recent reports and publications

- **Upcoming Annual HCAI report: ON** informed the attendees that the Annual Epidemiology Commentary is scheduled for publication in September. It includes extensive commentary on the collecting of patient demographics, and location of onset. **ON** stated that it also included the discussion on the impact that COVID-19 has had on the HCAI trends. **ON** said that an important update to the report is the inclusion of the ICU data. ICU surveillance, which runs parallelly with HCAI Surveillance, contributed chapters to the report primarily because some of the increases that UKHSA noticed in hospital onset cases of *Klebsiella* and *P. aeruginosa* last year occurred in ICU settings, which helped to demonstrate that they were related to coinfections with COVID-19 patients at the time. We decided to add the ICU rates in the report as a result of this discovery.

- **Developing an Annual ICU-HCAI report:**
- **ON** informed the attendees that the ICU team is working on a stand-alone annual report on ICU data that would go into more depth regarding the rates in the ICU setting. The most significant difference is that, while this obviously contains information relevant to the ICU setting, it also encompasses greater data collecting than is described in the mandatory surveillance section.

- **Upcoming mortality report:**
- **ON** stated that the mortality report is scheduled for publication in November. It is often produced following the completion of the annual report and essentially reports the trends in all-cause mortality associated with these infections. The most important thing to keep in mind is that since last year, there has been a rise in the case fatality rate. For the first time in several years, these rates were higher than those from the previous year.

4.1 Upcoming HCAI DCS projects

4.1.1 Random sampling:

- **ON** informed the attendees that we are working with our software developers to update the Data Capture System (DCS) so that it would support the random sample of cases. This functionality will enable us to ask specific questions for a random sample of cases. The rationale for this is that it would enable more focused surveillance of a certain subset. First, because the subsets are smaller and we can gather more information this way, it will be simpler to gather the data. Additionally, because it will be a random sample, we may at least anticipate that the findings from that subset will be generalisable to the wider population. The updates are still being worked on by the software developers and we anticipate receiving updates by the end of this month. UKHSA will need to do some validation which will take some time but hopefully we have made some progress on this matter by the end of the year.

4.1.2 Automated data imports: LIMS to HCAI DCS (case capture)/ Automated data imports – Prior admissions (case capture):

- **ON** stated the two initiatives are essentially data linkage projects with the common goal of easing the reporting load on NHS trusts. The first one, Automated data imports: LIMS to HCAI DCS (case capture) is to set-up an automated feed between the LIMS Systems and the Data Capture System (DCS). The plan is for this feed to query the LIMS System, turn the isolate test information into episodes and then automatically generate cases on the Data Capture System (DCS). In essence, the trusts will not be required to manually create hundreds of records in a month, according to the notion. The automated feed will complete it automatically. The users will only be required to update the other case-related details that cannot be obtained via the LIMS system such as admission or treatment information. The second one, Automated data imports – Prior admissions (case capture) is about updating existing cases which relates to the prior trust exposure algorithm. **ON** indicated that UKHSA

are hoping that this will be one of the options that we can use to get this information or at least, that it will be tested as a validation process.

5.1 Questions/ items from the Stakeholders

1. ICS transition – timeliness of reporting – future system training – collaborative working.
   ON provided a rough notion of when we UKHSA hope to action these points on the Data Capture System (DCS). **ON** also talked about possibility of general training sessions planned for the Data Capture System (DCS). **ON** stated that he sees numerous chances for collaboration between UKHSA and everyone in attendance and will be pleased to discuss this point in further detail with Samantha Matthews from NHS England and NHS Improvement.

2. Ways to save and run specific queries within HCAI DCS.
   ON indicated that the trainings which UKHSA will be holding will cover this point in depth. **ON** will discuss it with the team to see when this can be arranged.

3. The chunky clunky feel of the current system: improved reporting style of the information on the site.
   ON stated that the team at UKHSA are conscious that the system, which was designed a few years ago, is a little out of date at this point. The redesign will need to be carried out in collaboration with our software developers. **ON** advised the group that redesigning the Data Capture System (DCS) is on our semi-immediate plans to make it more accessible and conform to modern design principles. Since that will require a substantial system update, it will take some time to implement, but it is something we are considering and intend to undertake.

❖ **ACTION:**
- ❖ UKHSA to re-review the Clarification of prior trust exposure definitions document to improve the users understanding and lessen any room for interpretational error
- ❖ UKHSA to work on short training videos covering different topics for the HCAI and ICU DCS
- ❖ UKHSA to set up workshops and drop-in sessions for users to receive training on how to utilise the Data Capture System (DCS) in more detail.

6.1 AOB
- ❖ Nothing to report.

7.1 Date for next meeting: TBC